

# ELEVATOR CONTRACTOR REGISTRATION



Department of Professional and Financial Regulation  
Office of Licensing and Registration

## **BOARD OF ELEVATOR AND TRAMWAY SAFETY**

35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207)624-8672  
Hearing Impaired: 1-888-577-6690  
Website: [www.MaineProfessionalReg.org](http://www.MaineProfessionalReg.org)

Office located at: 122 Northern Avenue, Gardiner, Maine

# **APPLICATION INSTRUCTIONS ELEVATOR CONTRACTOR REGISTRATION**

**COMPLETING THE APPLICATION FORM** – Return the following to this office:

- Completed Application Form
- Application fee \$25.00
- Registration fee \$100.00

Incomplete applications will be returned.

Any person, firm, partnership, association, corporation or company engaged in the installation, sale, service, maintenance or inspection of elevators in this State shall register with the board annually. The registration must include the names and addresses of all licensed private inspectors, licensed mechanics and all helpers employed by the elevator contractor.

An elevator contractor shall notify the Board in writing of any change in the information provided to the Board at the time of initial or annual registration.

# ELEVATOR CONTRACTOR APPLICATION

Date Received	STATE OF MAINE DEPT. OF PROFESSIONAL & FINANCIAL REGULATION OFFICE OF LICENSING & REGISTRATION BOARD OF ELEVATOR & TRAMWAY SAFETY 35 STATE HOUSE STATION AUGUSTA, ME 04333 TEL: (207)624-8672 FAX: (207)624-8636 HEARING IMPAIRED: 1-888-577-6690	FOR OFFICE USE ONLY Do not write in this box.  License # _____ Issued _____ Expires _____ CN # _____  CODE: 4530
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**APPLICATION FEE:** \$ 25.00 (1446)  
**REGISTRATION FEE:** \$100.00 (1426)  
**TOTAL DUE** \$125.00

**PAYMENT OPTIONS:** ☐ Check or Money Order Payable to "Treasurer State of Maine".  
☐ Credit Card: MasterCard or VISA Only. Complete the following:  
I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to  
charge my MasterCard/VISA     -     -     Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
in the amount of \$\_\_\_\_\_ for the purpose of renewing my certificate.

**EXPIRATION DATE: August 31 annually**

**NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED**

Name of Company:		
Contact Address:		
City:	State:	Zip Code:
County:	Telephone: (____) _____ - _____	
Social Security Number or Federal I.D.: _____		
Does your company engage in the <input type="checkbox"/> installation <input type="checkbox"/> sale <input type="checkbox"/> service <input type="checkbox"/> maintenance and/or <input type="checkbox"/> inspection of elevators? <b>PLEASE CHECK ALL THAT APPLY</b>		

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

Required Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Over)

List the Names, Addresses and License Numbers of **ALL** Licensed Mechanics, Licensed Inspectors  
and Helpers  
(Attach an Additional Sheet if Necessary)

<p>Name:</p> <p>Address:</p> <p>License Number: Expiration Date:</p> <p><input type="checkbox"/> Mechanic   <input type="checkbox"/> Inspector   <input type="checkbox"/> Helper</p>	<p>Name:</p> <p>Address:</p> <p>License Number: Expiration Date:</p> <p><input type="checkbox"/> Mechanic   <input type="checkbox"/> Inspector   <input type="checkbox"/> Helper</p>
<p>Name:</p> <p>Address:</p> <p>License Number: Expiration Date:</p> <p><input type="checkbox"/> Mechanic   <input type="checkbox"/> Inspector   <input type="checkbox"/> Helper</p>	<p>Name:</p> <p>Address:</p> <p>License Number: Expiration Date:</p> <p><input type="checkbox"/> Mechanic   <input type="checkbox"/> Inspector   <input type="checkbox"/> Helper</p>
<p>Name:</p> <p>Address:</p> <p>License Number: Expiration Date:</p> <p><input type="checkbox"/> Mechanic   <input type="checkbox"/> Inspector   <input type="checkbox"/> Helper</p>	<p>Name:</p> <p>Address:</p> <p>License Number: Expiration Date:</p> <p><input type="checkbox"/> Mechanic   <input type="checkbox"/> Inspector   <input type="checkbox"/> Helper</p>
<p>Name:</p> <p>Address:</p> <p>License Number: Expiration Date:</p> <p><input type="checkbox"/> Mechanic   <input type="checkbox"/> Inspector   <input type="checkbox"/> Helper</p>	<p>Name:</p> <p>Address:</p> <p>License Number: Expiration Date:</p> <p><input type="checkbox"/> Mechanic   <input type="checkbox"/> Inspector   <input type="checkbox"/> Helper</p>